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DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)

OR

Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Nu	mber	J-3598A				
First Named Invento	r	Robert R. Turvey				
COMPL	ETE II	KNOWN				
Application Number		10 / 722,860				
Filing Date	Nove	ember 26, 2003				
Art Unit	3727					
Examiner Name						

As the below named inventor, I he	ereby declare that:				
My residence, mailing address, and	•	low payt to my name			
I believe I am the original and first in		•	biah a autout to o		
T believe I am the original and mist if	iventor or the subject matter	which is claimed and for wr	nich a patent is sou	ight on the invention entitled:	
STACKING DE	VICE FOR THERM	OPLASTIC CONTA	ADMEDS AND	NOD I IDG	
5 TACKING DE	VICE FOR THERE	IOF LASTIC CONTA	AINERS ANI	D/OR LIDS	
Alexander Markey (Co. 1)	(Title of the	Invention)			
the specification of which					
is attached hereto					
OR r	·				
X was filed on (MM/DD/YYYY)	11/26/2003	as United States	Application Number	or PCT International	
,	11/20/2003		Application Namber	or FOT international	
					
Application Number 10/722,	and was amend	ded on (MM/DD/YYYY)		(if applicable).	
I hereby state that I have reviewed ar any amendment specifically referred to	nd understand the contents o above.	of the above identified speci	ification, including t	he claims, as amended by	
I acknowledge the duty to disclose info	ormation which is material to	o patentability as defined in	37 CFR 1.56, inclu	ding for continuation-in-part	
applications, material information which international filing date of the continua	i decame available between	the filing date of the prior a	application and the	national or PCT	
I hereby claim foreign priority benefits	under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any fore	eign application(s)	for patent, inventor's or plant	
States of America, listed below and h	a) of any PCT international have also identified below	l application which designa by checking the box, any fo	ted at least one co	ountry other than the United	
breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority	Certified Copy Attached?	
·	Journaly	(MM/DD/YYYY)	Not Claimed	YES NO	
Additional foreign application num	bers are listed on a supple	emental priority data sheet P	TO/SB/02B attache	ed hereto:	

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer Number or Bar Code Labe	. 1 / 7 / 7	165	OR Corr	espondence address below	
Name Kristin L.Chapman					
S.C. Johnson & Son, Inc. Address 1525 Howe Street, MS 077					
Address 1323 Howe Street, MS 077					
city Racine		State \	WI	ZIP 53403	
Country USA Tel	ephone 262-26()-2722		Fax 262-260-4253	
I hereby declare that all statements made herein of my dare believed to be true; and further that these statement made are punishable by fine or imprisonment, or both, a validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :	A petition h	nas bee	n filed for this unsig	ned inventor	
Given Name (first and middle [if əŋy]), Robert R.		Family or Sur			
Inventor's x World All				X 12/10/03	
Residence: City Sanford	State MI		Country USA	Citizenship USA	
Mailing Address 500 Peterson Drive					
Mailing Address 500 1 Clerson Brive					
city Sanford	State MI		ZIP 48657	Country USA	
NAME OF SECOND INVENTOR:	A petition ha	s been	filed for this unsign	ed inventor	
Given Name		Family	~ 1		
Inventor's & Audith, a Busham					
Signature 7					
Residence: City Midland	State MI		Country USA	Citizenship USA	
4020 Elm Court					
Mailing Address					
-					
City Midland	State MI		ZIP 48642	Country USA	
$igwedge$ Additional inventors are being named on the $oldsymbol{\perp}$	supplemental Addit	ional Inv	entor(s) sheet(s) PTO/SE	3/02A attached hereto.	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

						
Name of Additional Joint Inventor, if any:						
Given Name (first and middle [if any])			Family Name	or Su	rname	
Craig R Gosen						
Craig R. Inventor's Cracy R Signature	or's Crain Posen				Date 12/10/03	
Residence: City Sanford	State MI	Country USA		c	itizenship USA	
Mailing Address 4271 Sanford Lake Road						
Mailing Address		,				
City Sanford	State MI		ZIP 48657 C	ountry	USA	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						
			Family Name	or Su	ırname	
Christine A. L. Howell						
Inventor's					Date	
Signature			TICA			
Residence: City Clinton Township	State MI		Country USA		Citizenship USA	
Mailing Address 35416 Golden		 	<u> </u>			
Mailing Address						
City Clinton Township	StateMI		ZIP 48035	Cour	ntry USA	
Name of Additional Joint Inventor, if an	ıy:	□ A	petition has been filed f	or this	unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature				Date		
Residence: City	City State			Country Citizenship		
Mailing Address						
Mailing Address						
City	State		ZIP	Co	ountry	

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)

Declaration OR Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Nu	mber	J-3598A		
First Named Inventor		Robert R. Turvey		
COMPL	PLETE IF KNOWN			
Application Number		10 / 722,860		
Filing Date	November 26, 2003			
Art Unit	3727			
Examiner Name				

As the below named inventor, I he	ereby declare that:					
My residence, mailing address, and	citizenship are as stated be	elow next to my name.				
I believe I am the original and first in	nventor of the subject matter	r which is claimed and for v	which a patent is so	ught on the invention entitled:		
STACKING DE	VICE FOR THERM	OPLASTIC CONT	AINERS ANI	D/OR LIDS		
	(Title of the	Invention)				
the specification of which	•	,				
is attached hereto						
OR						
X was filed on (MM/DD/YYYY)	11/26/2003	as United States	Application Number	r or PCT International		
Ĺ						
Application Number 10/722,	860 and was amend	ded on (MM/DD/YYYY)		(if applicable).		
107,229	.000			(ii applicable).		
I hereby state that I have reviewed an any amendment specifically referred to	nd understand the contents of above.	of the above identified spe	ecification, including	the claims, as amended by		
I acknowledge the duty to disclose info	ormation which is material to	o patentability as defined in	n 37 CFR 1.56, inclu	uding for continuation-in-part		
international filing date of the continua	n became available between ation-in-part application.	the filing date of the prior	application and the	national or PCT		
hereby claim foreign priority benefits breeder's rights certificate(s), or 365(a) of any PUL International	II anniication which decion	ated at least one s	country office that the life is		
States of America, listed below and rebreeder's rights certificate(s), or any	nave also identified below i	by checking the hoy any	foreign application t	for natont invantable and the		
crainted.	To the state of th	T	· ·			
Prior Foreign ApplicationNumber(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
		,		YES NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

PTO/SB/01 (10-01)
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer Num or Bar Code La	' 1 ') \(\)	3165	OR	Corr	respondence address below		
Name Kristin L.Chapman							
S.C. Johnson & Son, Inc. Address 1525 Howe Street, MS 077							
City Racine		State V	WI		ZIP 53403		
Country USA	elephone 262-26(0-2722	- ·		Fax 262-260-4253		
I hereby declare that all statements made herein of my are believed to be true; and further that these stateme made are punishable by fine or imprisonment, or both, validity of the application or any patent issued thereon.	ents were made with	th the know	wledge that v	villful false	statements and the like so		
NAME OF SOLE OR FIRST INVENTOR :	A petition h	nas been	n filed for th	nis unsign	ned inventor		
Given Name (first and middle [if any]) $Robert\ R.$		Family I	_	/ey			
Inventor's Signature					Date		
Residence: City Sanford	State MI		Country US	A	Citizenship USA		
Mailing Address 500 Peterson Drive	,						
City Sanford	State MI		ZIP 48657		Country USA		
NAME OF SECOND INVENTOR:	A petition has	s been fi	iled for this	unsigne	d inventor		
Given Name (first and middle [if any]) $Judith\ A$.		Family N or Surna	~ 1	ham			
Inventor's Signature					Date		
Residence: City Midland	State MI	c	Country US	SA	Citizenship USA		
4020 Elm Court Mailing Address							
City Midland Additional inventors are being named on thes	State MI		ZIP 48642 tor(s) sheet(s)	PTO/SB/0	Country USA 2A attached hereto.		

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PTO/SB/02A (11-00)

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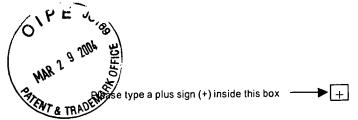
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

<u> </u>							
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])	Family Name or Surname					
Craig R. Gosen							
Inventor's Signature					Date		
Residence: City Sanford	State MI		Country USA		Citizenship USA		
Mailing Address 4271 Sanford Lake Road	d			_			
Mailing Address							
City Sanford	State MI		ZIP 48657 C	ountr	y USA		
Name of Additional Joint Inventor, if an	ıy:		A petition has been filed	for thi	s unsigned inventor		
Given Name (first and middle [if any])			Family Name	or S	urname		
Christine A. L.		ŀ	Iowell				
Inventor's Signature					Date 3/19/04/		
Residence: City Clinton Township	State MI		Country USA		Citizenship USA		
Mailing Address 35416 Golden							
Mailing Address							
City Clinton Township	StateMI		ZIP 48035	Cour	ntry USA		
Name of Additional Joint Inventor, if an	ıy:		A petition has been filed fo				
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature Date							
Residence: City	State Country C			Citizenship			
Mailing Address							
Mailing Address							
City	State		710	C01	intry		



PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

10/722,860
November 26, 2003
Robert R. Turvey
Stacking Device for
3727
J-3598A

I hereby appoint:		Place Customer	
X Practitioners at C	Sustomer Number 28165	Number Bar Code . Label here	
OR X Practitioner(s) nan	ned below:		
[25] Traduction(o) Hall	Name	Registration Number	
William E. M		30,195	
Erin Fox		52,261	
Anthony G.		48,016	
Matthew Far	nin	51,268	
as my/our attorney(s) or business in the United Sta	agent(s) to prosecute the application id ates Patent and Trademark Office conne	dentified above, and to transact all cted therewith.	
	espondence address for the above-ident		
	ed Customer Number.		
OR	A Ni	Place Customer Number Bar Code	
Practitioners at Cus	stomer Number	Label here	
Firm or Individual Name			
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Address			
City		State Zip	
Country			
Telephone		Fax	
lamthe:			
X Applicant/Invento	or.		
Assignee of reco	ord of the entire interest. See 37 CFR 3.73 CFR 3.73(b) is enclosed. (Form PT	.71. ГО/SB/96).	
SIGNATURE of Applicant or Assignee of Record			
Name Robert M. Tyrvey			
Signature Sobra M Cur			
Date /2/10/03			
NOTE: Signatures of all the inve- forms if more than one signature	ntors or assignees of record of the entire interes is required, see below*.	st or their representative(s) are required. Submit multipl	
	rms are submitted.		
D	impted to take 3 minutes to complete. Time will vary of	depending upon the needs of the individual case. Any comments	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (02-01)

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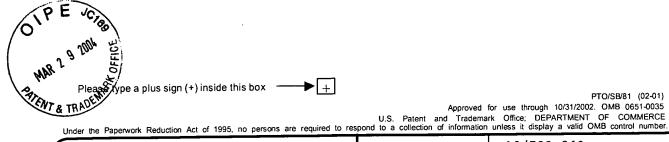
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/722,860
Filing Date	November 26, 2003
First Named Inventor	Robert R. Turvey
Title	Stacking Device for
Group Art Unit	3727
Examiner Name	
Attorney Docket Number	J-3598A

Practitioners at Customer Number OR X Practitioner(s) named below: Name Na	I hereby appoint:			Place Customer
Practitioner(s) named below:		sustomer Number 28165		Number Bar Code
Name Registration Number William E. McCracken 30,195 Erin Fox 52,261 Anthony G. Volini 48,016 Matthew Fannin 51,268 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		ned below:		
Erin Fox		Name		ation Number
Anthony G. Volini Matthew Fannin as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	William E. M	1cCracken	 	
Matthew Fannin S1,268				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here Address Address Address City Country Telephone I amthe: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Number	Matthew Far	ınin	J51,268	
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	as my/our attorney(s) or business in the United St	agent(s) to prosecute the application id ates Patent and Trademark Office conne	lentified above, cted therewith.	and to transact all
The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Date 12 -10 - 03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				to:
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Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Date 12-10-03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR			
Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Judith A. Gresham Signature Judith A. Gresham NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		stomer Number		
Address Address City State Zip Country Telephone Fax I amthe: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Quality A Musham Date 12-10-03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
City Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Date 12 - 10 - 3 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Date 12-10-03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address			
Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Date 12-10-03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address	1		
Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Date 12-10-03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City		State	Zip
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Judith A. Gresham Signature Date 12-10-03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country			
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Signature Date NoTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	X Applicant/Invento	or.		
Name Judith A. Gresham Signature Date 12-10-03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
Signature Date 12-10-03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	SIGNATURE of Applicant or Assignee of Record			
Signature Date 12-10-03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Tudith A Crasham			
Date 12-10-03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name Judith A. Gresham			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature Julità (A Sus Klim			
forms if more than one signature is required, see below*.	Date 12-10-03			
	NOTE: Signatures of all the inventors of assignees of record of the entire interest of their representative (s) are required. See interest of their representative (s) are required. See interest of their representative (s) are required.			
The will was describe upon the needs of the individual case Any comments of		orms are submitted.		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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Application Number	10/722,860
Filing Date	November 26, 2003
First Named Inventor	Robert R. Turvey
Title	Stacking Device for
Group Art Unit	3727
Examiner Name	
Attorney Docket Number	J-3598A

I hereby appoint:			21- 2
X Practitioners at C	Customer Number 28165		Place Customer Number Bar Code Label here
X Practitioner(s) nar	med_below:		
	Name		Registration Number
William E. N		30,19	
Erin Fox		52,26	
Anthony G.		48,01	
Matthew Far	nnın	51,26	08
business in the United St	r agent(s) to prosecute the application tates Patent and Trademark Office co	onnected the	erewith.
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR DR			
Firm or Individual Name			
Address			
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SIGNATURE of Applicant or Assignee of Record			
Name Craig R. Gosen			
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	ntors or assignees of record of the entire in is required, see below*.	nterest or their	representative(s) are required. Submit multiple
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Application Number	10/722,860
Filing Date	November 26, 2003
First Named Inventor Robert R. Turvey	
Title	Stacking Device for
Group Art Unit	3727
Examiner Name	
Attorney Docket Number	J-3598A

I hereby appoint: X Practitioners at C OR X Practitioner(s) nan William E. M Erin Fox Anthony G. M Matthew Far	ned below: Name AcCracken Volini		Place Customer Number Bar Code Label here ation Number
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